Ohio Campaign Finance Report 05 JUN -9 AM 10: 25

Prescribed by Secretary of State 02/01

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Full Name of Committee								Registrat	ion Numl	ber, if PA	.C	
Citizens for I	Oorrian	Committee										
Full Name of Candidate												
Hugh J. Dorr:	ian											
Street Address						Office Sought				District		
425 Derrer Rd.						City Au	ditor					
City							S	tate	Zip Code	e		
Columbus							0	H	432	04		
		Pre-Primary	Х	Post-Primary	Pre-	General		Post-Ger	ieral		Annual	Year
		July Monthly		August Monthly	Sept Mon	ember athly		Terminat	ion			
Amended Report?	✓ No	Report Electr	onically Yes	filed? No			1	м 1	0	D 8	0	Υ 5

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

\$ 28,581.87
\$ 130.00
\$ 180.00
\$ 28,891.87
\$ 1,134.78
\$ 27,757.09
\$
\$
\$
\$
\$
\$
\$

THE INFORMATION CONTAINED IN THIS	S REPORT IS MADE UNDER THI	E PENALTY OF ELECTION FALSIFICATION. W	HOEVER						
	COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE								
<u>Robert L. McDaniel Treas</u>	surer Kox	July July	06/08/05						
Print Name and Title (Treasurer and Deputy Treas	urer only) Signature	e	Date						
Contribution	Expenditure	Other	Total						
pages 3	pages 1	pages 4	pages 8						

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R.	C.	351	7.	10

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Statement of Contributions Received

Prescribed by Secretary of State 2/0

	Fleschoed by Si	ecretary of State 2/01					
Name of Committee in Full							
Citizens for Dorrian Committ	ee						
Full Name of Contributor			Registrat	ion Nun	ber, if P	AC	
Marlene Lynn							
Street Address	Employer/Occu	n	Form (Cash, Check, et				
7725 Kelvinway Dr_	N/A	N/A				Check	
Čity	State	Zip Code	М	D	Y	Amount	
Worthington	ОН	43085	0 5	0 1	0 5		20.00
Full Name of Contributor			Registrat	ion Nun	ber, if P	AC	
Frederick M. Gittes		3				** "	
Street Address	Employer/Occu	pation/Labor Organization	n			Form (Cash, C	heck, etc.)
723 Oak St	Attorne	ey				Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43205	0 5	2 5			100.00
Full Name of Contributor			Registrat	ion Nun	ber, if P	AC	
Dan Headapohl							
Street Address		pation/Labor Organization	n			Form (Cash, C	heck, etc.)
1252 Hope Ave.	N/A					Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43212	0 5	2 5		<u> </u>	10.00
Full Name of Contributor			Registrat	ion Nun	ber, if PA	AC	
Street Address	Employer/Occu	pation/Labor Organization	n			Form (Cash, C	heck, etc.)
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registrat	ion Nun	ber, if PA	AC	
Sharet Address	Elov/O	nation (Labor Occasiontic				Form (Cash, C	haale ata)
Street Address	Employer/Occu	pation/Labor Organization	11			rom (Casil, C	Heck, etc.)
City	State	Zip Code	М	D	ΙΥ	Amount	
chy	State	Zip Code	IVI I	Ī	1	Amount	
Full Name of Contributor		1	Pegietrat	ion Nun	ber, if P	\C	
Turi Nume of Contributor			i cogisti ui		1001, 11 1 1		
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, C	heck etc.)
	2	panois succi. Organisano	•				,
City	State	Zip Code	Тм	D	Y	Amount	
[,		J., P C U U C	'''	Ī			
Full Name of Contributor			Registrat	ion Nun	ber, if PA	AC .	
					,		
Street Address	Employer/Occu	pation/Labor Organization	n			Form (Cash, C	heck, etc.)
City	State	Zip Code	M	D	Y	Amount	
				- 1	1		
Full Name of Contributor			Registrat	on Nun	ber, if PA	AC .	
Street Address	Employer/Occu	pation/Labor Organization	n			Form (Cash, C	heck, etc.)
	1						
City	State	Zip Code	M	D	Y	Amount	
			[
* Required for contributions over \$100 to statewide and	general assembly candidates. If	contributor is self-employ	ed, occupation rat	her than	employer	should be liste	d.

* Required for contributions over \$100 to statewide and general assembly candidates. It contributor is self-employed, occupation rather than employer should be listed.

If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ _____130.00

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R	C	35	17.	10(B)

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Statement of Other Income

Prescribed by Secretary of State 2/01

						·	
Name of Committee in Full							
Citizens for Dorrian Committee				_			
Full Name			Registra	tion Nur	nber, if F	PAC	
Tactical Edge LTd							
Address	Type*		М	D	Y	Amount	
				2 0			180.00
929 Harrison Ave		7: 0.1	0 4	<u>1410</u>	10 3	?	180.00
City	State	Zip Code		ash,Chec			
Columbus	O H	43215	ldj/o	verpa	ayme	r	
Full Name			Registra	tion Nur	nber, if F	PAC	
Address	Type*		M	D	Y	Amount	
	1 1						
City	State	Zip Code	Form(C	ash,Chec	k etc)		
City	State	Zip Code	romic	asii,Ciice	ж,ско)		
Full Name			Registra	tion Nur	nber, if F	PAC	
			_ l _				
Address	Type*		M	D	Y	Amount	
				1 1	1 1		
City	State	Zip Code	Form(C	ash,Chec	k etc)		
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Full Name			Registra	tion Nur	nber, if F	PAC	
Address	Type*		M	D	Y	Amount	
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City	State	Zip Code	Form(C	ash,Chec	k etc)		
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n usi		_ 			L. Cr) A C	
Full Name			Registra	tion Nur	nber, ii r	AC	
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
1		1					
Full Name			Pagietre	tion Nur	nher if I	PAC	
run rane			Kegistia	uon mar	noci, n i	AC	
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
			ſ				
Full Name			Registra	tion Nur	nher if F	PAC	
- W. A. T. M. C.			1				
				T =	1	т:	
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name			Registra	tion Nur	nber, if F	AC	
J			"		,		
Address	T.m.*		М	D	Y	Amount	
Vori ess	Type*		IVI	٦,	1 '	Amount	
				$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	$\bot\bot$		
City	State	Zip Code	Form(C	ash,Chec	k,etc)		

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ ____180_00_

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Citizens for Dorrian Committee				1
To Whom Paid			I W I D I V I	
			M D Y Amount 0 4 1 8 0 5	02.02
CME VISA Address	D		0 4 1 8 0 5	92.82
	Purpose	- тt		
365 S Front St		s Lunches		
Calmaka	State	Zip Code	Check Number	
Columbus	$I \circ I H$	43215	2138	
To Whom Paid			M D Y Amount	(0.00
Knights of Columbus		···	0 4 2 9 0 5	60.00
Address	Purpose			1
3281 Darracq Cr	Adverti			
City	State	Zip Code	Check Number	
Columbus	$O \mid H$	43223	2139	
To Whom Paid			M D Y Amount	
Teamsters Local 413			0 4 2 9 0 5	100.00
Address	Purpose			
555 E Rich St	Adverti	sing		
City	State	Zip Code	Check Number	
Columbus	$ \mid$ O \mid H	43215	2140	
To Whom Paid		<u> </u>	M D Y Amount	1
Weisenbach Specialty Printing			0 5 1 1 0 5	567.45
Address	Purpose			
437 Holtzman Avenue	Adverti	sng/ Pencils		
City	State	Zip Code	Check Number	
Columbus	OH	43205	2141	
To Whom Paid		10200	M D Y Amount	
CME VISA			0 5 1 7 0 5	159.19
Address	Purpose		0 3 1 7 0 3	100.10
365 S Front St	•	s Lunches		
City	State	Zip Code	Check Number	
Columbus	1	43215	2142	
To Whom Paid	IO H	43213	M D Y Amount	
				155 32
Video Duplication Services			0 5 2 7 0 5	155.32
	Purpose	-1 / D (1		
3827 Brookham Dr		sing/ Donation		
City	State	Zip Code	Check Number	
Grove City	$ \cap$ H	43123	2143	
To Whom Paid			M D Y Amount	J
Address	Purpose			1
City	State	Zip Code	Check Number	
			0	
To Whom Paid			M D Y Amount	
				1
Address	Purpose			
				1
City	State	Zip Code	Check Number	
		<u> </u>		

* Outstanding

Page Total \$ 1.134.78